MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	10/517104	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5	1							55						
6		0						56						
7		0						57						
8		0						58						
9		1						59						
10								60						
11		0						61						
12		0						62						
13		0						63						
14		0						64						
15		1						65						
16		0						66						
17		0						67						
18		0						68						
19		0						69						
20		0						70						
21		0						71						
22		0						72						
23		0						73						
24		0						74						
25		0						75						
26		0						76						
27		0						77						
28		0						78						
29		0						79						
30		0						80						
31		0						81						
32		0						82						
33		0						83						
34		0						84						
35		0						85						
36		0						86						
37		0						87						
38		0						88						
39		0						89						
40		0						90						
41		0						91						
42		0						92						
43		4						93						
44		0						94						
45		0						95						
46		0						96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2	↓		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	51							TOTAL DEP.						
TOTAL CLAIMS	53							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)